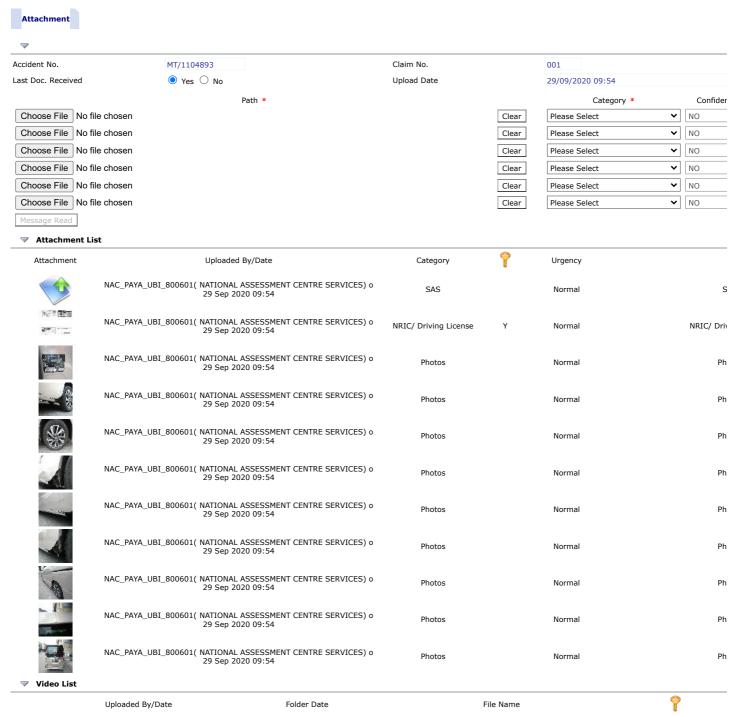
## **Claim Handling**

Accident MT/1104893						
	F110F04002	Vehicle No.	CMINESEL		GST Regis	
Policy No.	5118584003	venicie no.	SMU4525L		G51 Regis	Liati
Certificate No.						
Policyholder Name	IFISH PTE. LTD				Policyhold	er Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	90490490	Contact No.(Office)			Contact N	o.(H
Email Address		Special Remark			eCode	
KFK	No Yes	TCA	No Yes		eCode Rea	
NCD Protection	No	NCD Entitlement(%)	10		Private Hi	re
Accident Details						
Report Date	29/09/2020 09:50	Accident Report Within 24 hrs	Yes		Accident 1	уре
Date of Accident	27/09/2020	Time of Accident hh:mm	18:30		Country o	f Acc
Reporting Centre		Orange Force			ICM No.	
Accident Location	NEAR BLK 354A ADMIRALT	DR MSCP				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	10	00.00		
OD Standard Excess	60	00 TP Standard Excess		0.00		
YIED OD Excess		OO YIED TP Excess		0.00	Driver is C	Cover
Additional Excess		0				
Total OD Excess Applicable	60			0.00		
<b>▼ Benefits</b>	00	Total II Excess Applicable		0.00		
	·					
<b>▽ GST Registered Informat</b>						
GST Registered	Yes	ih4	GST Registration I GST Status Verifie			18/0
GST Registration No.  Modification History	2005032	09:52:47 System changed GST Status Verified from No		u		Yes
Plodification History	25/05/20.	05.52.47 System changed GST Status Vermed from W	o to les			
- Dolingholder Mailing Add						
Policyholder Mailing Add						
Address 1	31 WOODLANDS CLOSE	Address 2	#03-25 WOODLANDS HOP		Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.		Related Policy Number	5118584003			
▼ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	LEE ENG SIEW	Driver NRIC	S1514480G		Driver DO	В
Register Date of Driver License	19/03/1979	Driver Age	59		Driving Ex	perie
Contact No.(Mobile)	90490490	Contact No.(Office)			Contact N	o.(H
Address 1	BLK 354A #03-256	Address 2	ADMIRALTY DRIVE		Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.	03-256					
Does he own a Singapore	Yes No	Driver Vehicle No.			Driver Ins	urer
Registered car?						
Declaration						
Breathalyser or Blood Test						—
Reading?	0 mg	Any injury?	Yes No			
Modification History						
- Iodineddon Filotory						
Claim 001 New						
Claim Type *			OD-	MD 💙	Insured Name	IFI
					Contact	
Contact No.(Mobile)			9049	90490	No. (Home)	L
					OI	
Email Address					Vehicle Number	SM
Claire Description						
Claim Description			SMU	4525L / WALL & KERB ON	27 Sept 20	J20_
Preferred	Insured Lial	ty Eully at Fault				
Workshop Condict No.	Preferered	e to assign workshop	ed 🗸			
Finalisation Date Registered	Option	report report		09/2020 09:54	Claim Close	
			29/0	-, _020 05.01	Date	
Report Taken By			LIEV	V SHAN HUI		
Print AK letter						

Save Submit



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